

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

TOM ROONEY FOR CONGRESS

ADDRESS (number and street)
▼

1133 BAL HARBOR BLVD. 1139 #186

Check if different
than previously
reported. (ACC)

PUNTA GORDA

FL

33950

2. FEC IDENTIFICATION NUMBER ▼

C

C00432906

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

FL

17

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y
08 / 26 / 2014in the
State of

FL

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
07 / 01 / 2014

through

M M / D D / Y Y Y Y
08 / 06 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer PAUL KILGORE

Signature of Treasurer

PAUL KILGORE

[Electronically Filed]

Date

M M / D D / Y Y Y Y
08 / 14 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 27

Write or Type Committee Name

TOM ROONEY FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	32491.78	446649.24
(b) Total Contribution Refunds (from Line 20(d))	0.00	5200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	32491.78	441449.24
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	28268.63	396932.40
(b) Total Offsets to Operating Expenditures (from Line 14).....	2420.00	7868.94
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	25848.63	389063.46
8. Cash on Hand at Close of Reporting Period (from Line 27).....	363323.28	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 27

Write or Type Committee Name

TOM ROONEY FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	4

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

1391.78

145766.78

(ii) Unitemized.....

100.00

27459.80

(iii) TOTAL of contributions from individuals ▶

1491.78

173226.58

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

31000.00

273422.66

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

32491.78

446649.24

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

13569.23

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

2420.00

7868.94

15. OTHER RECEIPTS (Dividends, Interest, etc.)

39.41

913.81

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

34951.19

469001.22

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 27

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	28268.63	396932.40
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	5200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	5200.00
21. OTHER DISBURSEMENTS	106000.00	203865.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	134268.63	605997.40

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	462640.72
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	34951.19
25. SUBTOTAL (add Line 23 and Line 24).....	497591.91
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	134268.63
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	363323.28

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR. BOB R. BROOKS JR.

Mailing Address 1107 N PITT ST APT 2C

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

ALPINE GROUP

Occupation

VICE PRESIDENT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

391.78

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		14		2014

Transaction ID : SA11AI.53439

Amount of Each Receipt this Period

391.78

IN-KIND:EVENT CATERING

Full Name (Last, First, Middle Initial)

KEVIN JUSTICE

Mailing Address 125 MARLBERRY CIR

City

JUPITER

State

FL

Zip Code

33458

FEC ID number of contributing
federal political committee.

C

Name of Employer

HIGHLAND GLOBAL SOLUTIONS LLC

Occupation

PRESIDENT/CEO

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		04		2014

Transaction ID : SA11AI.53411

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

KEVIN JUSTICE

Mailing Address 125 MARLBERRY CIR

City

JUPITER

State

FL

Zip Code

33458

FEC ID number of contributing
federal political committee.

C

Name of Employer

HIGHLAND GLOBAL SOLUTIONS LLC

Occupation

PRESIDENT/CEO

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		04		2014

Transaction ID : SA11AI.53467

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

891.78

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

JIM RICHARDS

Mailing Address 6438 NOBLE DR

City

MC LEAN

State

VA

Zip Code

22101

FEC ID number of contributing
federal political committee.

C

Name of Employer

CORNERSTONE GOVERNMENT AFFAIRS

Occupation

PARTNER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2014

Transaction ID : SA11Al.53442

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

1391.78

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 27

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

BARNES & THORNBURG POLITICAL ACTION COMMITTEE

Mailing Address 11 SOUTH MERIDIAN STREET

City

INDIANAPOLIS

State

IN

Zip Code

46204

FEC ID number of contributing
federal political committee.**C** C00395947

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Transaction ID : SA11C.53472

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

BOEING PAC

Mailing Address 1200 WILSON BLVD

City

ARLINGTON

State

VA

Zip Code

22209

FEC ID number of contributing
federal political committee.**C** C00142711

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		21		2014

Transaction ID : SA11C.53433

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

CSX CORP. GOOD GOVERNMENT FUND

Mailing Address 1331 PENNSYLVANIA AVE NW STE 560

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.**C** C00163832

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

6000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Transaction ID : SA11C.53475

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

3000.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) DUKE ENERGY CORPORATION PAC		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2014	
Mailing Address 550 SOUTH TRYON STREET		Transaction ID : SA11C.53438	
City CHARLOTTE	State NC	Zip Code 28202	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00083535			
Name of Employer Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	
B. Full Name (Last, First, Middle Initial) FLORIDA HEALTH PAC		Date of Receipt M M / D D / Y Y Y Y 08 / 06 / 2014	
Mailing Address PO BOX 6936		Transaction ID : SA11C.53477	
City JACKSONVILLE	State FL	Zip Code 32236	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C C00161141			
Name of Employer Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2000.00	
C. Full Name (Last, First, Middle Initial) GENERAL DYNAMICS PAC		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2014	
Mailing Address 2941 FAIRVIEW PARK DR #100		Transaction ID : SA11C.53446	
City FALLS CHURCH	State VA	Zip Code 22042	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C C00078451			
Name of Employer Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 4000.00	
SUBTOTAL of Receipts This Page (optional).....		5000.00	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) HONEYWELL PAC			Date of Receipt M M / D D / Y Y Y Y 08 / 06 / 2014	
Mailing Address 101 CONSTITUTION AVE NW STE 500W			Transaction ID : SA11C.53478	
City	State	Zip Code	Amount of Each Receipt this Period 2500.00	
WASHINGTON	DC	20001		
FEC ID number of contributing federal political committee.		C C00096156		
Name of Employer		Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 8000.00		
B. Full Name (Last, First, Middle Initial) LOCKHEED MARTIN EMPLOYEES' PAC			Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2014	
Mailing Address 2121 CRYSTAL DR STE 100			Transaction ID : SA11C.53435	
City	State	Zip Code	Amount of Each Receipt this Period 1000.00	
ARLINGTON	VA	22202		
FEC ID number of contributing federal political committee.		C C00303024		
Name of Employer		Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 10000.00		
C. Full Name (Last, First, Middle Initial) NATIONAL ASSOCIATION OF INS. & FINANCIAL ADVISORS PAC			Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2014	
Mailing Address 2901 TELESTAR CT			Transaction ID : SA11C.53436	
City	State	Zip Code	Amount of Each Receipt this Period 3000.00	
FALLS CHURCH	VA	22042		
FEC ID number of contributing federal political committee.		C C00005249		
Name of Employer		Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 3000.00		
SUBTOTAL of Receipts This Page (optional).....			6500.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

NATIONAL CATTLEMENS BEEF ASSOC. PAC

A.

Mailing Address 9110 E NICHOLS AVE STE 300

City

CENTENNIAL

State

CO

Zip Code

80112

FEC ID number of contributing
federal political committee.

C C00028787

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2014

Transaction ID : SA11C.53437

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

NATIONAL PEST MANAGEMENT ASSOC PAC

B.

Mailing Address 8100 OAK ST

City

DUNN LORING

State

VA

Zip Code

22027

FEC ID number of contributing
federal political committee.

C C00083915

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2014

Transaction ID : SA11C.53474

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

NATIONAL THOROUGHBRED RACING ASSN. PAC

C.

Mailing Address 2525 HARRODSBURG RD

City

LEXINGTON

State

KY

Zip Code

40504

FEC ID number of contributing
federal political committee.

C C00360008

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

7500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2014

Transaction ID : SA11C.53476

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) NAUS-PAC		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2014	
Mailing Address 5535 HEMPSTEAD WAY		Transaction ID : SA11C.53444	
City SPRINGFIELD	State VA	Zip Code 22151	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00086348			
Name of Employer Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	
B. Full Name (Last, First, Middle Initial) PRICewaterhouseCOOPERS PAC		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2014	
Mailing Address 1301 K ST NW STE 800W		Transaction ID : SA11C.53447	
City WASHINGTON	State DC	Zip Code 20005	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C C00107235			
Name of Employer Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5000.00	
C. Full Name (Last, First, Middle Initial) TEPAC		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2014	
Mailing Address 702 N FRANKLIN ST		Transaction ID : SA11C.53445	
City TAMPA	State FL	Zip Code 33602	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C C00161422			
Name of Employer Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 3000.00	
SUBTOTAL of Receipts This Page (optional).....		5500.00	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 27

☐ 11a ☐ 11b ☒ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) TRIUMPH GROUP PAC		Date of Receipt M M / D D / Y Y Y Y 08 / 06 / 2014	
Mailing Address PO BOX 655907		Transaction ID : SA11C.53473	
City DALLAS	State TX	Zip Code 75265	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C C00361949			
Name of Employer Occupation			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 10000.00	
B. Full Name (Last, First, Middle Initial) UNITED EGG ASSOC PAC		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2014	
Mailing Address 1720 WINDWARD CONCOURSE STE 230		Transaction ID : SA11C.53443	
City ALPHARETTA	State GA	Zip Code 30005	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00172841			
Name of Employer Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	
C. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	
SUBTOTAL of Receipts This Page (optional).....		6000.00	
TOTAL This Period (last page this line number only).....		31000.00	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 27

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) CRENSHAW ROONEY COMMITTEE		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>15</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	07		15		2014
M M M	/	D D D	/	Y Y Y Y Y Y									
07		15		2014									
Mailing Address 2470 DANIELL'S BRIDGE RD. STE. 121		Transaction ID : SA14.53417											
City ATHENS	State GA	Zip Code 30606	Amount of Each Receipt this Period <table border="1"> <tr> <td>2420.00</td> </tr> </table>	2420.00									
2420.00													
FEC ID number of contributing federal political committee. C C00560391		REFUND OF RON RIMMER EXPENSE ON 6/13/14											
Name of Employer	Occupation												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>2420.00</td> </tr> </table>		2420.00										
2420.00													

B. Full Name (Last, First, Middle Initial)		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y					
M M M	/	D D D	/	Y Y Y Y Y Y									
Mailing Address													
City	State	Zip Code											
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"> <tr> <td></td> </tr> </table>											
Name of Employer	Occupation												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td></td> </tr> </table>												

C. Full Name (Last, First, Middle Initial)		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y					
M M M	/	D D D	/	Y Y Y Y Y Y									
Mailing Address													
City	State	Zip Code											
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"> <tr> <td></td> </tr> </table>											
Name of Employer	Occupation												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td></td> </tr> </table>												

SUBTOTAL of Receipts This Page (optional).....		<table border="1"> <tr> <td>2420.00</td> </tr> </table>	2420.00
2420.00			
TOTAL This Period (last page this line number only).....		<table border="1"> <tr> <td>2420.00</td> </tr> </table>	2420.00
2420.00			

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 27

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input checked="" type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

GULFSTREAM BANK

A.

Mailing Address 2400 SE MONTEREY RD STE 100

City

STUART

State

FL

Zip Code

34996

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

676.09

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2014

Transaction ID : SA15.53469

Amount of Each Receipt this Period

31.56

BANK INTEREST

Full Name (Last, First, Middle Initial)

SUNTRUST BANK

B.

Mailing Address 111 SE OSCEOLA ST

City

STUART

State

FL

Zip Code

34994

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

237.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2014

Transaction ID : SA15.53468

Amount of Each Receipt this Period

7.85

BANK INTEREST

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

39.41

39.41

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 27

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MR. BOB R. BROOKS JR.

Mailing Address 1107 N PITT ST APT 2C

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
IN-KIND:EVENT CATERING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		14		2014

Amount of Each Disbursement this Period

391.78

Transaction ID : SB17.53440

B. CHARLOTTE COUNTY REPUBLICAN CLUB

Mailing Address PO BOX 512332

City	State	Zip Code
PUNTA GORDA	FL	33951

Purpose of Disbursement
ADVERTISING

Candidate Name

CHARLOTTE COUNTY REPUBLICAN CLUB

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2014

Amount of Each Disbursement this Period

100.00

Transaction ID : SB17.53429

C. PROFESSIONAL DATA SERVICES

Mailing Address 264 N LUMPKIN ST # 202

City	State	Zip Code
ATHENS	GA	30601

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		08		2014

Amount of Each Disbursement this Period

2206.99

Transaction ID : SB17.53412

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2698.77

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 27

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. PROFESSIONAL DATA SERVICES

Mailing Address 264 N LUMPKIN ST # 202

City	State	Zip Code
ATHENS	GA	30601

Purpose of Disbursement
COMPLIANCE CONSULTING

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2014

Amount of Each Disbursement this Period

2003.34

Transaction ID : SB17.53427

B. QUAIL CREEK PLANTATION

Mailing Address 107 NE 224TH ST

City	State	Zip Code
OKEECHOBEE	FL	34972

Purpose of Disbursement
EVENT EXPENSE

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		30		2014

Amount of Each Disbursement this Period

485.83

Transaction ID : SB17.53451

C. RED PLEDGE

Mailing Address 53 LAKE MORTON DR STE 110

City	State	Zip Code
LAKELAND	FL	33801

Purpose of Disbursement
CC TRANSACTION FEES

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

32.66

Transaction ID : SB17.53432

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2521.83

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 27

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ROBERT TRENT JONES GOLF CLUB

Mailing Address ONE TURTLE POINT DRIVE

City	State	Zip Code
GAINESVILLE	VA	20155

Purpose of Disbursement
EVENT CATERING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		30		2014

Amount of Each Disbursement this Period

2477.40

Transaction ID : SB17.53449

B. STRATEGIC IMAGE MANAGEMENT LLC

Mailing Address 511 W BAY ST STE 350

City	State	Zip Code
TAMPA	FL	33606

Purpose of Disbursement
MEDIA CONSULTING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2014

Amount of Each Disbursement this Period

4298.00

Transaction ID : SB17.53428

C. SUNTRUST VISA

Mailing Address P.O. BOX 791250

City	State	Zip Code
BALTIMORE	MD	21279

Purpose of Disbursement
SEE BELOW

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		08		2014

Amount of Each Disbursement this Period

6818.53

Transaction ID : SB17.53413

SUBTOTAL of Disbursements This Page (optional).....

13593.93

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 27

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. US AIRWAYS

Mailing Address 4000 E SKY HARBOR BLVD

City	State	Zip Code
PHOENIX	AZ	85034

Purpose of Disbursement
AIRFARE

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		08		2014

Amount of Each Disbursement this Period

1085.00

Transaction ID : SB17.53453

[MEMO ITEM]**B. CAPITOL HOST**Mailing Address ROOM B-339B
RAYBURN HOUSE OFFICE BUILDING

City	State	Zip Code
WASHINGTON	DC	20515

Purpose of Disbursement
EVENT CATERING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		08		2014

Amount of Each Disbursement this Period

1537.87

Transaction ID : SB17.53454

[MEMO ITEM]**C. AT&T**

Mailing Address PO BOX 105262

City	State	Zip Code
ATLANTA	GA	30348

Purpose of Disbursement
CELL PHONE

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		08		2014

Amount of Each Disbursement this Period

143.05

Transaction ID : SB17.53455

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 27

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WALMART

Mailing Address 8320 LOCKWOOD RIDGE RD.

City	State	Zip Code
SARASOTA	FL	34243

Purpose of Disbursement
OFFICE SUPPLIES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		08		2014

Amount of Each Disbursement this Period

230.95

Transaction ID : SB17.53456

[MEMO ITEM]

B. CUSTOM INK

Mailing Address 7900 WESTPARK DRIVE

City	State	Zip Code
MCLEAN	VA	22102

Purpose of Disbursement
T-SHIRTS

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		08		2014

Amount of Each Disbursement this Period

438.13

Transaction ID : SB17.53458

[MEMO ITEM]

C. GASPARILLA INN

Mailing Address 500 PALM AVE

City	State	Zip Code
BOCA GRANDE	FL	33921

Purpose of Disbursement
EVENT CATERING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		08		2014

Amount of Each Disbursement this Period

3147.69

Transaction ID : SB17.53459

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 27

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SUNTRUST VISA

Mailing Address P.O. BOX 791250

City	State	Zip Code
BALTIMORE	MD	21279

Purpose of Disbursement
SEE BELOW

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		30		2014

Amount of Each Disbursement this Period

3726.23

Transaction ID : SB17.53450

B. CAPITOL HILL CLUB

Mailing Address 300 1ST ST SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement
EVENT CATERING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		30		2014

Amount of Each Disbursement this Period

393.46

Transaction ID : SB17.53460

[MEMO ITEM]

C. UNITED STATES POST OFFICE

Mailing Address 4200 CONROY RD

City	State	Zip Code
ORLANDO	FL	32839

Purpose of Disbursement
POSTAGE

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		30		2014

Amount of Each Disbursement this Period

9.80

Transaction ID : SB17.53461

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

3726.23

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 27

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MEDALCRAFT MINT

Mailing Address 2660 W MASON ST.

City	State	Zip Code
GREEN BAY	WI	54303

Purpose of Disbursement
MEDALLIONS

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		30		2014

Amount of Each Disbursement this Period

1840.75

Transaction ID : SB17.53462

[MEMO ITEM]**B. AT&T**

Mailing Address PO BOX 105262

City	State	Zip Code
ATLANTA	GA	30348

Purpose of Disbursement
CELL PHONE

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		30		2014

Amount of Each Disbursement this Period

143.47

Transaction ID : SB17.53463

[MEMO ITEM]**C. LEADERSHIP PALM BEACH COUNTY**

Mailing Address 621 CLEARWATER PARK RD

City	State	Zip Code
WEST PALM BEACH	FL	33401

Purpose of Disbursement
EVENT TICKETS

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		30		2014

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.53464

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 27

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. OKEECHOBEE THE MAGAZINE

Mailing Address 316 NW 5TH STREET

City	State	Zip Code
OKEECHOBEE	FL	34972

Purpose of Disbursement
ADVERTISING

001

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		30		2014

Amount of Each Disbursement this Period

895.00

Transaction ID : SB17.53465

[MEMO ITEM]**B. THE M GROUP**

Mailing Address 100 LUNA PARK DR. #158

City	State	Zip Code
ALEXANDRIA	VA	22305

Purpose of Disbursement
FUNDRAISING CONSULTING

001

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2014

Amount of Each Disbursement this Period

1675.00

Transaction ID : SB17.53418

C. THE M GROUP

Mailing Address 100 LUNA PARK DR. #158

City	State	Zip Code
ALEXANDRIA	VA	22305

Purpose of Disbursement
SEE BELOW

001

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2014

Amount of Each Disbursement this Period

3854.98

Transaction ID : SB17.53419

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5529.98

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. UNITED STATES POST OFFICE

Mailing Address 4200 CONROY RD

City	State	Zip Code
ORLANDO	FL	32839

Purpose of Disbursement
POSTAGE

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2014

Amount of Each Disbursement this Period

30.39

Transaction ID : SB17.53420

[MEMO ITEM]

B. SINPLICITY

Mailing Address 6402 ARLINGTON BLVD. STE. B150

City	State	Zip Code
FALLS CHURCH	VA	22042

Purpose of Disbursement
EVENT CATERING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2014

Amount of Each Disbursement this Period

1405.72

Transaction ID : SB17.53421

[MEMO ITEM]

C. DAVIS & HARMAN LLP

Mailing Address 1455 PENNSYLVANIA AVE. NW #1200

City	State	Zip Code
WASHINGTON	DC	20004

Purpose of Disbursement
EVENT FACILITY RENTAL

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2014

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.53422

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CAIRO WINE & LIQUOR

Mailing Address 1618 17TH STREET NW

City	State	Zip Code
WASHINGTON	DC	20009

Purpose of Disbursement
EVENT BEVERAGES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2014

Amount of Each Disbursement this Period

258.73

Transaction ID : SB17.53423

[MEMO ITEM]**B. BLAME IT ON JANE LLC**

Mailing Address 6224 22ND STREET NORTH

City	State	Zip Code
ARLINGTON	VA	22205

Purpose of Disbursement
EVENT ENTERTAINMENT

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2014

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.53424

[MEMO ITEM]**C. THE GASPARILLA INN**

Mailing Address PO BOX 1088

City	State	Zip Code
BOCA GRANDE	FL	33921

Purpose of Disbursement
LODGING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2014

Amount of Each Disbursement this Period

318.19

Transaction ID : SB17.53425

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. VERIZON WIRELESS

Mailing Address 2040 SE FEDERAL HIGHWAY

City	State	Zip Code
STUART	FL	34994

Purpose of Disbursement
CELL PHONE

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		18		2014

Amount of Each Disbursement this Period

197.89

Transaction ID : SB17.53470

B.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
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Amount of Each Disbursement this Period

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C.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

197.89

28268.63

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CANTOR FOR CONGRESS

Mailing Address PO BOX 17813

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2014

City	State	Zip Code
RICHMOND	VA	23226

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
CONTRIBUTION-DEBT RETIREMENT

011

Transaction ID : SB21.53430

Candidate Name

ERIC CANTORCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VA District: 07

Full Name (Last, First, Middle Initial)

B. CRENSHAW FOR CONGRESS CAMPAIGNMailing Address 7235 BONNEVAL ROAD
SUITE 210

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2014

City	State	Zip Code
JACKSONVILLE	FL	32256

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
CONTRIBUTION

011

Transaction ID : SB21.53466

Candidate Name

ANDER CRENSHAWCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 04

Full Name (Last, First, Middle Initial)

C. HOME SAFE

Mailing Address 2840 6TH AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		28		2014

City	State	Zip Code
LAKE WORTH	FL	33461

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
DONATION

012

Transaction ID : SB21.53448

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MOONEY FOR CONGRESS

Mailing Address P.O. BOX 1863

City	State	Zip Code
MARTINSBURG	WV	25402

Purpose of Disbursement
CONTRIBUTION

011

Category/
Type

Candidate Name

ALEXANDER MOONEY

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: WV

District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		23		2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB21.53441

B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 1ST ST SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement
CONTRIBUTION

011

Category/
Type

Candidate Name

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2014

Amount of Each Disbursement this Period

100000.00

Transaction ID : SB21.53431

C.

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

101000.00

106000.00